



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41721789
Outpatient Patient Service Revenue	\$200969969
Total Gross Patient Service Revenue	\$242691758

2. Deductions From Revenue

Contractual Allowance	\$156735304
Other Deductions	\$-957387
Total Deductions	\$155777917

3. Total Operating Revenue

Net Patient Service Revenue	\$86913841
Other Operating Revenue	\$1570141
Total Operating Revenue	\$88483982

4. Operating Expenses

Salaries and Wages	\$18235270	Employee Benefits	\$4308565
Depreciation and Amortization	\$1647625	Interest Expense	\$591
Bad Debt	\$5688180	Other Expenses	\$38814945
Total Operating Expenses	\$68695176		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19788806	Total Assets	\$106953679
Net Non-operating Gains over Loss	\$1186498	Total Liabilities	\$106953679

Total Net Gains	\$20975304
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$133631752	\$98751560	\$34880192
Medicaid	\$34795451	\$26293444	\$8502007
Other Government	\$5121441	\$3894023	\$1227418
Other State	\$0	\$0	\$0
Other Payers	\$69143113	\$32527068	\$36616045
Total	\$242691757	\$161466095	\$81225662

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4878	\$-4878

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$758181	\$-758181
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	1015

Statement Six: Charity Statement

Hospital Charity Charges	\$4739142
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1211798	
HCI Payments	\$0		
Subtotal	\$0	\$1211798	\$-1211798
Medicaid Shortfalls	\$8648637	\$11924063	
Subtotal	\$8648637	\$13135861	\$-4487224
DSH Payments	\$0		
Subtotal	\$8648637	\$13135861	\$-4487224
Medicare Shortfalls	\$22689063	\$22348035	
Other Government Programs	\$0	\$0	
Total	\$31337700	\$35483896	\$-4146196

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$5806592	\$6838249	\$-1031657
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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